



Client Code: _____

310 State Highway 325
Blairsville, GA 30512
706-835-1831 (phone)
877-246-5059 (fax)

info@factsondemand.com

Employment Verification

*Name: _____

*Date of Birth: _____ SS#: _____

*Company Name _____

*Company Address _____ *City & State _____

*Company Phone Number _____

*Date's employed _____ through _____

*Your Position/Duties _____

*Reason for leaving _____

****SIGNATURE OF APPLICANT**** By signing below, I give full consent to verify all above information, which includes releasing my school records, employee records, and other personal information relating to these verifications. I do hereby release, hold harmless and indemnify all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies. I certify that all information provided is truthful, accurate and provided voluntarily.

X _____

Date: _____

Verification will not be attempted unless ALL fields are complete